


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CHECK # 991

Date of Notification (1) 3-9-12		Name of Building Owner / Operator (2) IEW Construction Corp.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		<div style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em;">MAR 14 2012</div>						
	Street Address 75 Sculptors Way		City, State & Zip Code Trenton, NJ 08619						
	Name of Contact Chris Coleman		Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) NJTA Bridge Crossing		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 23029 Columbus Road		Square Feet NA	# of Floors NA						
City (5) Columbus	County (6) Burlington	County Code (7)	Bldg. Age NA						
Current Use (Prior if being demolished) Bridge									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Mid Atlantic Abatement, LLC						
Street Address		Street Address PO Box 1314							
City, State & Zip Code		City, State & Zip Code Cherry Hill, NJ 08003							
Project Manager for Monitoring Firm		Telephone Number 609-567-0950	License Number 01114						
Scheduled Start Date (10) 3-19-12	Scheduled Completion Date (11) 3-30-12	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
NJTA Bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Conduit transite pipe	1500 l.f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S.					
City, State Freehold, NJ		Disposal Date 4-3-12		City, State Morrisville, PA					
Completed By (Print or Type) Theodore S. Budzynski		Title Gen. Mgr.	Signature 			Date 3-9-12			

Check # 4

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3-12-12		Name of Building Owner/Operator (2) F+J Realty LLC 14 2012						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1315 Route 34 South City, State, Zip Code Farmingdale NJ 07727 Name of Contact Jan Peter Elves Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Global Printing Equipment		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1315 Route 34 South		Square Feet	# of Floors 1					
City (5) Farmingdale NJ 07727		Bldg. Age 50+						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609 758-3365	Telephone No. 609-758-3365	License No. 00394					
Start Date (10) 3-22-12	Scheduled Completion Date (11) 3-31-12	Name of OSHA Monitor EPC Technologies, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Warehouse		X		Pipe Insulation	500 LF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 4-2-12	City, State Morrisville PA					
Completed by Steve Schenker	Title President	Signature Steve Schenker				Date 3-12-12		

Paragon Job#

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10/13/11 12/11/12		Name of Building Owner/Operator (2) Fairleigh Dickinson University (FDU)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment Amendment # 01 <input type="checkbox"/> Emergency (includ justification) <input type="checkbox"/> Cancellation	Street Address 10 Woodbridge Ave. City, State, Zip Code Hackensack, NJ 07601 Name of Contact Dick Frick Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FDU - Madison Campus Library a.k.a. Orangerie Library Street Address 145 Park Ave. City (5) Florham Park County (6) Morris County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet 25,000 sf # of Floors 03 Bldg. Age 50/90 Current Use (Prior if being demolished) Library		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Design, Inc. Street Address 5434 King Ave. Suite 101 City, State, Zip Code Pennsauken, NJ 08109 Project Manager for Monitoring Firm Jay Murray Phone Number 856-616-9516 Scheduled Start Date (10) 03/14/2012 Sched. Completion Date (11) 06/30/2012		ASCM No. 95		Name of Abatement Contractor (9) Paragon Contracting, Inc. Street Address 590 River Rd. City, State, Zip Code Clifton, NJ 07014 Telephone Number (973) 614-1600 License Number 00748 Name of OSHA Monitor Paragon Contracting, Inc. Street Address 590 River Rd. City, State, Zip Code Clifton, NJ 07014	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: Facility Occupied During Exterior Abatement					

Scope of Work (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input checked="" type="checkbox"/> Non-Exempted (") Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Library		<input checked="" type="checkbox"/>		Windows	214 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 30 cyds	Name of Registered Landfill Tullytown/GROWS
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 03/12/2012

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Paragon Job# _____

Date of Notification (1) <u>10/21/2012</u>		Name of Building Owner/Operator (2) <u>Fairleigh Dickinson University (FDU)</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address <u>10 Woodbridge Ave.</u>		City, State, Zip Code <u>Hackensack, NJ 07601</u>	
Name of Contact <u>Dick Frick</u>		Telephone Number _____	


FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>FDU - Madison Campus Library a.k.a. Orangerie Library</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>145 Park Ave.</u>			Square Feet <u>25,000 sf</u>		
City (5) <u>Florham Park</u>			# of Floors <u>03</u>		
County (6) <u>Morris</u>			Bldg. Age <u>50/90</u>		
County Code (7) (State use only)			Current Use (Prior if being demolished) <u>Library</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Environmental Design, Inc.</u>		ASCM No. <u>95</u>	Name of Abatement Contractor (9) <u>Paragon Contracting, Inc.</u>		
Street Address <u>5434 King Ave. Suite 101</u>		Street Address <u>590 River Rd.</u>	City, State, Zip Code <u>Clifton, NJ 07014</u>		
City, State, Zip Code <u>Pennsauken, NJ 08109</u>		City, State, Zip Code <u>Clifton, NJ 07014</u>	Telephone Number <u>(973) 614-1600</u>		
Project Manager for Monitoring Firm <u>Jay Murray</u>		Phone Number <u>856-616-9516</u>	License Number <u>00748</u>		
Scheduled Start Date (10) <u>03/14/2012</u>		Sched. Completion Date (11) <u>03/30/2012</u>	Name of OSHA Monitor <u>Paragon Contracting, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>Facility Occupied During Abatement</u>		Street Address <u>590 River Rd.</u>	City, State, Zip Code <u>Clifton, NJ 07014</u>		

Scope of Work (check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-Exempted (") Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Orangerie Library Quiet Reading Room		<input checked="" type="checkbox"/>		Spray Fireproofing	6,810 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orangerie Library Quiet Reading Room		<input checked="" type="checkbox"/>		Pipe Insulation	380 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>Paragon Contracting, Inc.</u>		NJDEP Hauler ID# <u>22161</u>		Cubic Yards of Waste <u>60 cyds</u>		Name of Registered Landfill <u>Tullytown/GROWS</u>	
City, State <u>Clifton, NJ 07014</u>		Disposal Date <u>TBD</u>		City, State <u>Tullytown, PA</u>		Date <u>02/29/2012</u>	
Completed by (Print or Type) <u>Goran Lazevski</u>		Title <u>President</u>		Signature 		Date <u>02/29/2012</u>	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2127

Date of Notification (1) 3-10-12

Name of Building Owner/Operator (2) D & J Excavations

Agency Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation

Street Address 2425 Fennimore Rd

City, State, Zip Code HAINESPORT NJ

Name of Contact Don Murphy

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House

Street Address 1015 HAINESPORT MAHARDEL Rd

City (5) HAINESPORT

County (6) Burl

County Code (7) (STATE USE ONLY)

Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet 2200

of Floors 3

Bldg. Age 70

Current Use (Prior if being demolished) Resident

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) Ami Joe LLC

Street Address 1212 Burlington Ave

City, State, Zip Code Delanco NJ 08075

Telephone No. 656 824 0971

License No. 01070

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor SAME

Street Address

City, State, Zip Code

Start Date (10) 3-20-12

Scheduled Completion Date (11) 3-30-12

Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:

Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 280 lf

☒ Renovation ☒ Demolition

☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (?) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
<u>Kitchen</u>			<input checked="" type="checkbox"/>	<u>Floor tile</u>	<u>220 sf</u>	<input checked="" type="checkbox"/>		
<u>Stairs</u>			<input checked="" type="checkbox"/>	<u>Floor tile</u>	<u>25 sf</u>	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler J Robinson Waste

NJDEP Waste Hauler ID No. 18387

Cubic Yards of Waste

Name of Registered Landfill WM of PA

City, State Bellmawr NJ

Disposal Date TBD

City, State Tullytown PA

Completed by J Hill

Title VP

Signature AD

Date 3-10-12

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

MO# 19807826444

Date of Notification (1) 03/09/2012		Name of Building Owner/Operator (2) Karen McGuauer					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 12 Sussex Avenue City, State, Zip Code Chatham, NJ 07928 Name of Contact Karen McGuauer					
Telephone Number							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 12 Sussex Avenue		Square Feet	# of Floors				
City (5) Chatham, NJ 07928		Biog. Age					
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner(8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address		Street Address 576 Valley Rd #283					
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127				
Start Date (10) 03/20/2012	Scheduled Completion Date (11) 03/21/2012	Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 20-21 Wagaraw Road, Bldg. # 34A					
		City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement			X	Duct insulation	20 SF	X	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date		City, State Tullytown, PA			
Completed by N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>		Date 03/09/2012			

ASB-41

* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 03/08/12		Name of Building Owner/Operator (2) New Jersey Institute of Technology	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 323 Dr. Martin Luther King, Jr. Boulevard		City, State, Zip Code Newark, NJ 07102	
Name of Contact Michael Thompson		Telephone Number MAR 14 2012	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Jersey Institute of Technology - Central King Building		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 345-361 Dr. Martin Luther King Jr. Boulevard		Square Feet 50,000	
City (5) Newark, NJ 07102		# of Floors 4	
County (6) Essex		Bldg. Age 45	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
ASCM No. 000117		Street Address 180 Sargeant Avenue	
Street Address 318 12th Street		City, State, Zip Code Clifton, NJ 07013-1935	
City, State, Zip Code Hammonton, NJ 08037-1352		Telephone Number 973-614-0377	
Project Manager for Monitoring Firm Jim Proctor		License Number 00807	
Telephone Number 609-704-8850		Name of OSHA Monitor Four Strong Builders, Inc.	
Scheduled Start Date (10) 03/12/12		Street Address 180 Sargeant Avenue	
Sched. Completion Date (11) 03/17/12		City, State, Zip Code Clifton, NJ 07013	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation

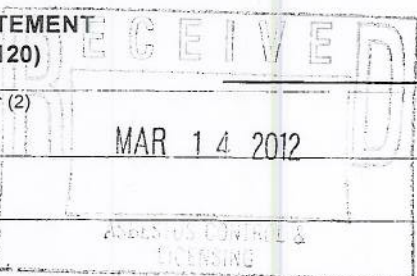
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	M	O	V
Rooftop Bathrooms	X	Plaster Walls & Ceilings	700 SF	X				
Rooftop Bathrooms	X	Pipe Insulation	80 LF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) Nick Zivkovic	Title President	Signature <i>Nick Zivkovic</i>	Date 3/8/12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

MO# 19807826455



Date of Notification (1) 03/09/2012		Name of Building Owner/Operator (2) Larry Lerner	
Agency Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	176 Grove Terrace	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #	Livingston, NJ 07039	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Larry Lerner	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4)
Street Address 176 Grove Terrace		<input type="checkbox"/> School (K-12)
City (5) Livingston, NJ 07039		<input type="checkbox"/> Subchapter 8 (Other than K-12)
County (6) Essex		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
County Code (7) (STATE USE ONLY)		Square Feet # of Floors Bldg Age
Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner(8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			Gr Tech LLC	
City, State, Zip Code			Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			973-638-1777	01127
Start Date (10) 03/19/2012	Scheduled Completion Date (11) 03/20/2012	Name of OSHA Monitor Envirovision Consultants, Inc		
Occupancy Status During Abatement (Check only one)		Street Address 20-21 Wagaraw Road, Bldg. # 34A		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Fair Lawn, NJ 07410		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input type="checkbox"/> Other - Describe:				

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			x	Pipe insulation	140 LF	x		

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date		City, State Tullytown, PA	
Completed by N.Jevtic	Title Owner	Signature <i>Paula Senad</i>			Date 03/09/2012

ASB-41

* Do not use this form for asbestos licensure exempted activities.

APPROVED: TOM VOORHEES, NJPOL

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Ck # 2241

Date of Notification (1) 3/8/12		Name of Building Owner / Operator (2) Trenton Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street	
		City, State & Zip Code Trenton, NJ 08638	
		Name of Contact Mr. Everett O. Collins	
		Telephone Number 609-392-4200	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Stokes Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 915 Parkside Ave		Square Feet 70,000	# of Floors 3
City (5) Trenton	County (6) Mercer	County Code (7)	Bldg. Age 60+
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Rick Beach		Telephone Number 609-392-4200	City, State & Zip Code Bristol, PA 19007
Scheduled Start Date (10) 3/8/12		Scheduled Completion Date (11) 3/9/12	Telephone Number (215)788-6040
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM to 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement		License Number 00509	
Name of OSHA Monitor Bristol Environmental Inc.		Street Address 1123 Beaver Street	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State & Zip Code Bristol, PA 19007	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
RM B-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RM B-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd
City, State Bristol, PA		Name of Registered Landfill GROWS Landfill	
Disposal Date 3/9/12		City, State Morrisville, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>
		Date 3/8/12	

REMEMBER - MAIL IN HARD COPY

State of NJ

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Non Sub 8

B & G proj. #: 2012-61 Emergency

Check # 5124

DO NOT WRITE ON THIS

Date of Notification (1)
10/3/12 1/12 1/12

Name of Building Owner/Operator (2)

Clara Maass Medical Center

Street Address

1 Clara Maass Drive

City, State, Zip Code

Belleville, NJ 07109

Name of Contact

Rachel Byrnes

MAR 14 2012

WAIVER APPROVED

Telephone Number

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOM
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Clara Maass Medical Center (Non Sub 8)

Street Address

1 Clara Maass Drive

City (5)

Belleville, NJ 07109

County (6)

Essex

County Code (7)

(State use only)

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldg./Homes, etc.)

Square Feet

of Floors

Bldg Age

Current Use (Prior if being demolished)
hospital non Sub 8

Name of Monitoring Firm Hired by Bldg Owner (8)

n/a

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

3/13/2012

Sched. Completion Date (11)

3/14/2012

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe:
☐ Other-Describe:

Scope of Work (check all that apply)

- ☐ Demolition
☒ Renovation
☒ >3 sf or >3 ft
☐ >160 sf or >260 ft

- ☐ Full Containment w/negative pressure
☒ Glovebag procedure
☒ Mini-enclosure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c l o s e	E n c l o s e
Plumber's Mechanical Room			X	pipe insulation	8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NUEP Hauler ID#
19563

Cubic Yards of Waste
1/2 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
3/14/2012

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature


Gordana Luna

Date
3/12/2012

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Non Sub 8

B & G proj. #: 2012-61 Emergency

Check # 5124

Date of Notification (1) <u>03/13/12</u>		Name of Building Owner/Operator (2) <u>Clara Maass Medical Center</u>		APPROVED NJ Dept. of Health & Senior Services  Date: <u>3/13/12</u> Time: <u>3:29 PM</u>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation			Street Address <u>1 Clara Maass Drive</u>	
					City, State, Zip Code <u>Belleville, NJ 07109</u>	
					Name of Contact <u>Rachel Byrnes</u>	
				Telephone Number		


FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Clara Maass Medical Center (Non Sub 8)</u>				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>1 Clara Maass Drive</u>				Square Feet	# of Floors
City (5) <u>Belleville, NJ 07109</u>		County (6) <u>Essex</u>	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>				Current Use (Prior if being demolished) <u>hospital non Sub 8</u>	
Street Address				Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
City, State, Zip Code				Street Address <u>105 Ryerson Road</u>	
Project Manager for Monitoring Firm				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Phone Number				Telephone Number <u>973-696-6869</u>	License Number <u>0378</u>
Scheduled Start Date (10) <u>3/13/2012</u>		Sched. Completion Date (11) <u>3/14/2012</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Street Address <u>105 Ryerson Road</u>	
				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> >160 sf or >260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Plumber's Mechanical Room			X	pipe insulation	8 lf	X			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>3/14/2012</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature 			Date <u>3/12/2012</u>

B & G proj. #: 2012-61 Emergency

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Non Sub 8

Check # 5124

Date of Notification (1) <u>03/11/12</u>		Name of Building Owner/Operator (2) <u>Clara Maass Medical Center</u>	
Agencies Notified	Type Notification	Street Address <u>1 Clara Maass Drive</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Belleville, NJ 07109</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact <u>Rachel Byrnes</u>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number <u></u>	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Clara Maass Medical Center (Non Sub 8)</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>1 Clara Maass Drive</u>			Square Feet <u></u> # of Floors <u></u> Bldg. Age <u></u>		
City (5) <u>Belleville, NJ 07109</u>	County (6) <u>Essex</u>	County Code (7) (State use only) <u></u>	Current Use (Prior if being demolished) <u>hospital non Sub 8</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No. <u></u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u></u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u></u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u></u>		Phone Number <u></u>	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>3/13/2012</u>		Sched. Completion Date (11) <u>3/14/2012</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <u></u> <input type="checkbox"/> Other-Describe: <u></u>			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Plumber's Mechanical Room			<input checked="" type="checkbox"/>	pipe insulation	8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>3/14/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>3/12/2012</u>

Check
1290

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3/8/2012		Name of Building Owner / Operator (2) Jack Mather	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address Spinnaker Condominiums Unit 525N - 3500 Boardwalk		City, State & Zip Code Sea Isle City, NJ	
Name of Contact Jack Mather		Telephone Number 215-295-1004	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spinnaker Condominium		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Unit 525N		Square Feet 1000	# of Floors 1
City (5) Sea Isle City	County (6) Cape May	Bldg. Age 50	
County Code (7)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL	
Street Address		Street Address 2129 Rt 33	
City, State & Zip Code		City, State & Zip Code Hamilton, NJ	
Project Manager for Monitoring Firm		Telephone Number 215-295-1004	License Number 01091
Scheduled Start Date (10) 3/19/2012	Scheduled Completion Date (11) 3/31/2012	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray-On Ceiling	900sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill	
City, State Hamilton, NJ		Disposal Date		City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>		Date 3/8/2012

Check
1290

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3/8/2012		Name of Building Owner / Operator (2) Robert McCarthy						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Spinnaker Condominiums Unit 417N - 3500 Boardwalk City, State & Zip Code Sea Isle City, NJ Name of Contact Robert McCarthy Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Spinnaker Condominium		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Unit 417N		Square Feet 1000	# of Floors 1					
City (5) Sea Isle City	County (6) Cape May	Bldg. Age 50						
County Code (7) _____		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____						
Street Address _____		Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL						
City, State & Zip Code _____		Street Address 2129 Rt 33						
Project Manager for Monitoring Firm _____		Telephone Number 215-295-1004	License Number 01091					
Scheduled Start Date (10) 3/19/2012	Scheduled Completion Date (11) 3/31/2012	Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 900sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray-On Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill				
City, State Hamilton, NJ		Disposal Date		City, State Morrisville, PA				
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>		Date 3/8/2012			

*Check
1290*

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3/8/2012		Name of Building Owner / Operator (2) Patricia Hinkle							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Spinnaker Condominiums Unit 820N - 3500 Boardwalk City, State & Zip Code Sea Isle City, NJ Name of Contact Patricia Hinkle							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Spinnaker Condominium		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Unit 820N		Square Feet 1000	# of Floors 1						
City (5) Sea Isle City		County (6) Cape May	Bldg. Age 50						
County Code (7)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL							
City, State & Zip Code		Street Address 2129 Rt 33							
Project Manager for Monitoring Firm		Telephone Number 215-295-1004	License Number 01091						
Scheduled Start Date (10) 3/19/2012	Scheduled Completion Date (11) 3/31/2012	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 900sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray-On Ceiling		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill					
City, State Hamilton, NJ		Disposal Date		City, State Morrisville, PA					
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>			Date 3/8/2012			

Check
1290

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

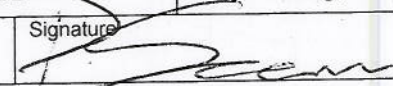
Date of Notification (1) 3/8/2012		Name of Building Owner / Operator (2) Stuart Rosen						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Spinnaker Condominiums Unit 618N - 3500 Boardwalk City, State & Zip Code Sea Isle City, NJ Name of Contact Stuart Rosen						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Spinnaker Condominium		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Unit 618N		Square Feet 1000	# of Floors 1					
City (5) Sea Isle City	County (6) Cape May	Bldg. Age 50						
County Code (7)		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL						
Street Address		Street Address 2129 Rt 33						
City, State & Zip Code		City, State & Zip Code Hamilton, NJ						
Project Manager for Monitoring Firm		Telephone Number 215-295-1004	License Number 01091					
Scheduled Start Date (10) 3/19/2012	Scheduled Completion Date (11) 3/31/2012	Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue						
		City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 900sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray-On Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill				
City, State Hamilton, NJ		Disposal Date		City, State Morrisville, PA				
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>		Date 3/8/2012			

Check
1290

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

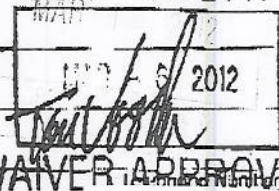

Date of Notification (1) 3/8/2012		Name of Building Owner / Operator (2) Griffen Pipe Products	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1100 West Front Street City, State & Zip Code Florence, NJ 08518 Name of Contact Rich Woolston Telephone Number 	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Griffen Pipe Products		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1100 West Front Street		Square Feet 200000	# of Floors 2
City (5) Florence	County (6) Burlington	Bldg. Age 80+	
County Code (7)		Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL	
Street Address		Street Address 2129 Rt 33	
City, State & Zip Code		City, State & Zip Code Hamilton, NJ	
Project Manager for Monitoring Firm		Telephone Number 215-295-1004	License Number 01091
Scheduled Start Date (10) 3/19/2012	Scheduled Completion Date (11) 5/19/2012	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue	
		City, State & Zip Code Westmont, NJ 08108	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Amount (Specify SF or LF)	Abatement Type		Enclosure
			<input checked="" type="checkbox"/>
Name of Registered Waste Hauler Service Transport	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100	Name of Registered Landfill Grows Landfill
City, State New Castle, DE	Disposal Date various	City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson	Title PM	Signature <i>Rod Richardson</i>	Date 3/8/2012

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/06/2012		Name of Building Owner/Operator (2) Diane Gandara							
Agencies Notified	Type Notification	Street Address 27 West First Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Bayonne, New Jersey 07002							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Diane Gandara	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 27 West First Street		Square Feet 8,000	# of Floors 4						
City (5) Bayonne		Bldg. Age 80							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 03/07/2012	Scheduled Completion Date (11) 03/14/2012	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>entire floor vacant where abatement is taking place</u>		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	x			Boiler Insulation	220 SF	x			
Basement	x			ACM Debris on floor	50 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President	Signature 			Date 03/06/2012			

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:12)

Date of Notification (1) 03/06/2012		Name of Building Owner/Operator (2) Diane Gandara		DOL - 10 DAY  WAIVER APPROVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 27 West First Street City, State, Zip Code Bayonne, New Jersey 07002 Name of Contact Diane Gandara			
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 27 West First Street				Square Foot 8,000 # of Floors 4 Bldg. Age 80					
City (5) Bayonne				Current Use (Prior if being demolished) Residential					
County (6) Hudson				Country Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM N°		Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address		Street Address 1385 Valley Road, Suite K		City, State, Zip Code Wayne, New Jersey 07470					
City, State, Zip Code		Telephone No. (973) 928-5040		License No. 00874					
Project Manager for Monitoring Firm		Telephone No.		Name of USHA Monitor Sky Contracting, LLC					
Start Date (10) 03/07/2012		Scheduled Completion Date (11) 03/14/2012		Street Address 1385 Valley Road, Suite K					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: on first floor vacant where abatement is taking place				City, State, Zip Code Wayne, New Jersey 07470					
Scope of Work (Check All That Apply) <input type="checkbox"/> <3 sf or <3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥150 sf or ≥250 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Maintained Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAI or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Refer	Report	Enclosure	Enclosure
Basement	x			Boiler Insulation	220 SF	x			
Basement	x			ACM Debris on floor	50 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 5		Name of Registered Landfill Minerva Enterprises, LLC			
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio		Date 03/06/2012			
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 03/06/2012			

A38 41-R-06-08

* Do not use this form for asbestos licensure exempted activities

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:50 and 12:12)

DOL - 10 DAY
 MAR 14 2012 **CL#** 3398

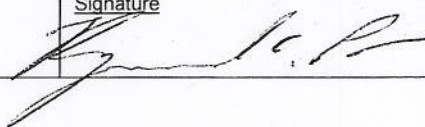
Date of Notification (1) 3/7/12		Name of Building Owner/Operator (2) MR. AL DAMORE		MAR 7 2012	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 124 HUMBOLDT ST	
<input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA		City, State, Zip Code E. RUTHERFORD		Telephone Number 201-329-7444	
		Name of Contact MR. DAMORE		Telephone Number 201-329-7444	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR. DAMORE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 124 HUMBOLDT ST				Square Feet 2000	
City (5) E. RUTHERFORD				# of Floors 2	
County (6) Bergen				Bldg. Age 1940	
Country Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ACGM No.		Name of Abatement Contractor (9) Rest Removal Inc	
Street Address		Street Address 450 South River St		City, State, Zip Code Hackensack, N.J. 07601	
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444		License No. 00388	
Start Date (10) 3/9/12		Scheduled Completion Date (11) 3/10/12		Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7PM TO 3AM				Street Address 280 Huyler St	
				City, State, Zip Code South Hackensack . N.J. 07606	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 ft <input type="checkbox"/> ≥ 160 sq or ≥ 200 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Exhaust Enclosure <input type="checkbox"/> Cleaning Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fragile Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Y		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other) (14) THERMAL SYSTEMS INSULATION	
				Amount (Specify sq or lf) SSLF	
				Abatement Type Removal <input checked="" type="checkbox"/> Encapsulation <input type="checkbox"/> Repair <input type="checkbox"/> Other <input type="checkbox"/>	
Name of Registered Waste Hauler Atlantic Waste Services		NJ DEP Waste Hauler ID No. 22592		Name of Registered Landfill IESI Landfill	
City, State Rochelle Park, N.J. 07662		Disposal Date 3/10/12		City, State Behrlehen, PA 18015	
Completed By J. Majorano		Estimator J. Majorano		Date 3/7/12	

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 96774


GAC Project # 060-12

Client Project #


Date of Notification (1) March 12, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ACKERSON HALL, BLDG# 7214		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 40+ years	
Street Address NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 03/22/12	Scheduled Completion Date (11) 03/23/12	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 6PM - 5 AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 140 SF
Room 004D	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 03/23/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date March 12, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/9/12		Name of Building Owner/Operator (2) Shaotang "David" Tsui & Ssuya Lin							
Agencies Notified	Type Notification	Street Address PO Box 2353							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, NJ 07090							
		Name of Contact Davis Tsui	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 120 Jackson Street		Square Feet 3,500	# of Floors 5						
City (5) Hoboken		Bldg. Age 50							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 3/20/12	Scheduled Completion Date (11) 4/10/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	13 LF	x			
living room			x	floor tile	360 SF	x			
kitchen			x	floor tile	150 SF	x			
Name of Registered Waste Hauler Newark Carting									
NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 10		Name of Registered Landfill Cumberland County Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Newburgh PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 3/9/12		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/9/12		Name of Building Owner/Operator (2) Harry Hahn							
Agencies Notified	Type Notification	Street Address 350 Engle Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood NJ 07631 Name of Contact Harry Hahn							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 350 Engle Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Englewood		Square Feet	# of Floors						
		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental Group		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 1600 Route 22 E		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm Mike Nehlsen		Telephone No. 908-688-7800	License No. 703						
Start Date (10) 3/18/12	Scheduled Completion Date (11) 3/26/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor-new staff shared lounge			x	pipe fittings	20	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Newburgh PA					
Completed by Andrew Scott Higgins		Title President		Signature 		Date 3/9/12			

CHECK #
2247

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:124)

RECEIVED
MAR 14 2012

Date of Notification (1) <u>3/12/12</u>		Name of Building Owner/Operator (2) <u>HARGROVE DEMOLITION</u>	
Agencies Notified EPH DEP DOH NJDEP	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1507 STATE STREET</u>	
		City, State, Zip Code <u>CLAMDEN, N.J. 08105</u>	
		Name of Contact <u>BILL HARGROVE</u>	
		Telephone Number <u>[REDACTED]</u>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Address <u>542 W. BROWN AVE.</u>		Square Feet <u>1000</u>	8 of Floors <u>2</u>
City, State, Zip Code <u>GALLOWAY TOWNSHIP</u>		Block Age <u>40T</u>	
County <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMM INC.</u>
Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08012</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-774-0472</u>	License No. <u>00744</u>
Start Date (10) <u>3/26/12</u>	Scheduled Completion Date (11) <u>3/31/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement. <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other: Describe _____		Street Address <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE N.J. 08012</u>	

Abatement Method (Check all that apply)

<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
	<input type="checkbox"/> Glovebag Procedure
	<input checked="" type="checkbox"/> Non-Exempted (1') and Non-Fragile Procedure

Location of Asbestos-Containing Material (ACM) in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specified SF or LF)	Hazard
	Yes	No	N/A			
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500</u>	<u>X</u>

Waste Handler <u>KLEMM INC.</u>	NJDEP Waste Handler ID No. <u>12904</u>	Cubic Yards of Waste	Name of Registered Carrier <u>ACUA</u>
City, State, Zip Code <u>MAPLE SHADE, N.J.</u>	Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>	
Signature <u>Joseph Klemm</u>	Title <u>V/P</u>	Signature <u>[Signature]</u>	Date <u>3/12/12</u>

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/07/2012		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street	
		City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact Richard J. Raczynski	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Prospect Plains Office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 269 Prospect Plains Road		Square Feet 4500	# of Floors 3
City (5) Cranbury		Bldg. Age 50+ Years	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former feed and agriculture office	
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental		ASCN No. 00127	Name of Abatement Contractor (9) Mattiola Services, LLC
Street Address 307 North Walnut Street		Street Address 2082 B Lucon Road	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Skippack, PA 19474	
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610.431.7545	Telephone No. 610.539.5634
License No. 01077			
Start Date (10) 03/26/2012	Scheduled Completion Date (11) 04/30/2012	Name of OSHA Monitor Mattiola Services, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2082 B Lucon Road	
		City, State, Zip Code Skippack, PA 19474	

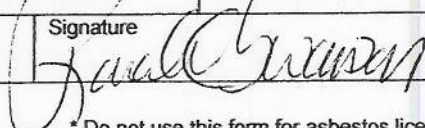
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Middle Area			X	Flue packing	8SF	X			
Chimney Stacks			X	Tar flashing	4SF	X			
Addition Roof			X	Built up roofing	150SF	X			

Name of Registered Waste Hauler Rovic Transport	NJDEP Waste Hauler ID No. SW 2099	Cubic Yards of Waste	Name of Registered Landfill IESI Bethlehem Landfill
City, State 100 Valleybrook Avenue, Lynhurst, NJ		Disposal Date	City, State 2335 Applebutter Road, Bethlehem, PA
Completed by Caroline M. Harper	Title Project Manager	Signature <i>Caroline M. Harper</i>	Date 03/07/2012

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/7/2012		Name of Building Owner/Operator (2) JEFF CANNON							
Agencies Notified	Type Notification	Street Address 300 KINGS HIGHWAY							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLARKSBORO, NJ 08020							
		Name of Contact JEFF CANNON	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 300 KINGS HIGHWAY		Square Feet 2500	# of Floors 2						
City (5) CLARKSBORO		Bldg. Age 60							
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) STORE FRONT							
Name of Monitoring Firm Hired by Building Owner (8) CONNELL GREENE		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 904 KINGS ARMS DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code DOWNTOWN, PA 19335		City, State, Zip Code MULLICA HILL, NJ 08062							
Project Manager for Monitoring Firm RICK PELLISSIER	Telephone No. 484-432-9363	Telephone No. 610-304-4676	License No. 01145						
Start Date (10) 3/16/2012	Scheduled Completion Date (11) 3/20/2012	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR			X	FLOOR TILE	72 SF	X			
FIRST FLOOR			X	TRANSITE BOARD	70 SF	X			
FIRST FLOOR			X	DUCT INSULATION	13 LF	X			
FIRST FLOOR			X	BOILER PACKING	2 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill ALLIED WASTE					
City, State HAZLETON, PA		Disposal Date 3/21/2012		City, State IMPERIAL, PA					
Completed by RONALD SWANSON		Title PROJECT MANAGER		Signature 		Date 3/7/2012			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

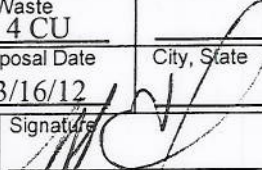
Check # 1319

Date of Notification (1) 03/07/2012		Name of Building Owner/Operator (2) Hodges Claire					
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 18 S. Talmadge Street City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Hodges Claire Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 18 S. Talmadge Street City (5) New Brunswick, NJ 08901 County (6) Middlesex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Middlesex Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-638-1777 License No. 01127					
Start Date (10) 03/17/2012		Scheduled Completion Date (11) 03/18/2012					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		x	Pipe insulation	40 LF	x		
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA			
Completed by N. Jevtic ASB-41		Title Owner	Signature <i>N. Jevtic</i>	Date 03/07/2012			

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK # 24705
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Date of Notification (1) <u>2/10/12</u>		Name of Building Owner/Operator (2) <u>Nexus Properties Inc.</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 Brunswick Circle</u>						
		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>						
		Name of Contact <u>Charles Bancroft</u>	Telephone Number <u></u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>980 Hooper Avenue</u>		Square Feet <u>10,000</u>	# of Floors <u>2</u>					
City (5) <u>Toms River</u>		Bldg. Age <u>50</u>						
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>commercial building</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. <u></u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Willoiam Weisgarber JR.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>2/27/12</u>	Scheduled Completion Date (11) <u>3/16/12</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>boiler room</u>			<u>pipe fittings</u>	<u>80</u>	<input checked="" type="checkbox"/>			
<u>boiler room</u>			<u>boiler breeching</u>	<u>40 SF</u>	<input checked="" type="checkbox"/>			
<u>HVAC Room</u>			<u>pipe fittings</u>	<u>25</u>	<input checked="" type="checkbox"/>			
<u>basement</u>			<u>floor tile</u>	<u>740 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>T.R.R.F. Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/16/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/8/12</u>					

PROPERTIES INC.

ASB-41
MAR 00

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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**


*Services Inc
CHECK #04676*

Date of Notification (1) <u>2/10/12</u>		Name of Building Owner/Operator (2) <u>Nexus Properties Inc.</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>1 Brunswick Circle</u>		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>	
Name of Contact <u>Charles Bancroft</u>		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>980 Hooper Avenue</u>		Square Feet <u>10,000</u>	# of Floors <u>2</u>
City (5) <u>Toms River</u>		Bldg. Age <u>50</u>	
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>commercial building</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Willoiam Weisgarber JR.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>2/27/12</u>	Scheduled Completion Date (11) <u>3/2/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>boiler room</u>			<input checked="" type="checkbox"/>	<u>pipe fittings</u>	<u>80</u>	<input checked="" type="checkbox"/>			
<u>boiler room</u>			<input checked="" type="checkbox"/>	<u>boiler breeching</u>	<u>40 SF</u>	<input checked="" type="checkbox"/>			
<u>HVAC Room</u>			<input checked="" type="checkbox"/>	<u>pipe fittings</u>	<u>25</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F. Inc.</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/2/12</u>	City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/10/12</u>

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

STEVENS ENVIRONMENTAL
SERVICES INC.
check # 24705
RECEIVED
MAR 14 2012

Date of Notification (1) <u>2/10/12</u>		Name of Building Owner/Operator (2) <u>Nexus Properties Inc.</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 Brunswick Circle</u>							
		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>							
		Name of Contact <u>Charles Bancroft</u>	Telephone Number <u>[REDACTED]</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>980 Hooper Avenue</u>		Square Feet <u>10,000</u>	# of Floors <u>2</u>						
City (5) <u>Toms River</u>		Bldg. Age <u>50</u>							
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>commercial building</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Willoiam Weisgarber JR.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>2/27/12</u>	Scheduled Completion Date (11) <u>3/16/12</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>boiler room</u>			<input checked="" type="checkbox"/>	<u>pipe fittings</u>	<u>80</u>	<input checked="" type="checkbox"/>			
<u>boiler room</u>			<input checked="" type="checkbox"/>	<u>boiler breeching</u>	<u>40 SF</u>	<input checked="" type="checkbox"/>			
<u>HVAC Room</u>			<input checked="" type="checkbox"/>	<u>pipe fittings</u>	<u>25</u>	<input checked="" type="checkbox"/>			
<u>basement</u>			<input checked="" type="checkbox"/>	<u>floor tile</u>	<u>740 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>T.R.R.F. Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/16/12</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>3/8/12</u>						

ASB-41
MAR 00

* Do not use this form for asbestos licensure exempted activities.

basement

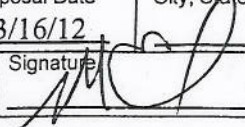
x

pipe fittings

123

x

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>2/10/12</u>		Name of Building Owner/Operator (2) <u>Nexus Properties Inc.</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 Brunswick Circle</u>	
		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>	
		Name of Contact <u>Charles Bancroft</u>	Telephone Number <u>[REDACTED]</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>980 Hooper Avenue</u>		Square Feet <u>10,000</u>	# of Floors <u>2</u>
City (5) <u>Toms River</u>		Bldg. Age <u>50</u>	
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>commercial building</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Willoiam Weisgarber JR.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>2/27/12</u>	Scheduled Completion Date (11) <u>3/16/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
<u>boiler room</u>		<input checked="" type="checkbox"/>	<u>pipe fittings</u>
<u>boiler room</u>		<input checked="" type="checkbox"/>	<u>boiler breeching</u>
<u>HVAC Room</u>		<input checked="" type="checkbox"/>	<u>pipe fittings</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/16/12</u>	Name of Registered Landfill <u>T.R.R.F. Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/29/12</u>

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)


Services Inc
CHECK #84676

Date of Notification (1) 2/10/12		Name of Building Owner/Operator (2) Nexus Properties Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1 Brunswick Circle		City, State, Zip Code Lawrenceville, NJ 08648	
Name of Contact Charles Bancroft		Telephone Number 	

Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 980 Hooper Avenue		Square Feet 10,000	# of Floors 2
City (5) Toms River		Bldg. Age 50	
County (6) Ocean	County Code (7) (STATE USE ONLY) 	Current Use (Prior if being demolished) commercial building	
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Willoiam Weisgarber JR.		Telephone No. (609) 298-4070	License No. 00493
Start Date (10) 2/27/12	Scheduled Completion Date (11) 3/2/12	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 4:30PM		Street Address PO Box 341	
		City, State, Zip Code Crosswicks, NJ 08515	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room			<input checked="" type="checkbox"/>	pipe fittings	80	<input checked="" type="checkbox"/>			
boiler room			<input checked="" type="checkbox"/>	boiler breeching	40 SF	<input checked="" type="checkbox"/>			
HVAC Room			<input checked="" type="checkbox"/>	pipe fittings	25	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Stevens Environmental Services Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2 CU	Name of Registered Landfill T.R.R.F. Inc.	
City, State Allentown, NJ		Disposal Date 3/2/12	City, State Tullytown, PA		
Completed By Mahlon E. Stevens	Title Project Manager	Signature 	Date 2/10/12		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 3787/12

AMENDMENT #

Date of Notification (1) 03/09/2012		Name of Building Owner / Operator (2) Bed, Bath and Beyond	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification		Street Address
	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		650 Liberty Avenue
			City, State & Zip Code
			Telephone Number
		Name of Contact	
		Mr. John Purcell	

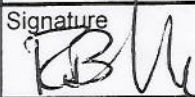
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bed, Bath and Beyond Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
650 Liberty Avenue			200,000	1	50+
City (5) Union	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Commercial Office		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) ETS Contracting, Inc.		
Street Address 1090 King Georges Post Road, Suite 706		Street Address 160 Clay Street			
City, State & Zip Code Edison, NJ 08837		City, State & Zip Code Brooklyn, NY 11222			
Project Manager for Monitoring Firm Pat Sisk		Telephone Number (732) 771-0051	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) 03/26/12		Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor Environmental Tactics, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Work Area Vacated: - Working Hours from 7:00am - 3:30pm			Street Address 64 Broad Street		
			City, State & Zip Code Matawan, NJ 0774		

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> Large Project | | <input checked="" type="checkbox"/> Mini-Enclosure |
| <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM | | <input type="checkbox"/> Glovebag Procedure |
| <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM | | <input type="checkbox"/> Other: Non Friable Electric Cable |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
1st Floor	No	VAT	100,000 SF	Removal
2nd Floor	No	VAT	60,000 SF	Removal

Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 3	Name of Registered Landfill Minerva Enterprises, Inc.	
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed By (Print or Type) ROY JOHNSON	Title PROJECT EXECUTIVE	Signature 			Date 03/09/12

STATEMENT
12-120-7
Operator / Operator (2)
MAR 14 2012
Telephone Number

ASB-41

MO
19832967382

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

MAR 14 2012

SEE ATTACHED OPEN FILING

Date of Notification (1) <u>3-13-12</u>		Name of Building Owner/Operator (2) <u>ALCATEL-LUCENT TECHNOLOGIES</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>600 MOUNTAIN AVE</u>	
		City, State, Zip Code <u>MURRAY HILL, NJ 07974</u>	
		Name of Contact <u>LARRY FEDERICO</u>	Phone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>ALCATEL-LUCENT TECHNOLOGIES, INC</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>600 MOUNTAIN AVE</u>		Square Feet <u>30000</u>	# of Floors <u>5</u>
City (5) <u>MURRAY HILL, NJ 07974</u>		Bldg Age <u>65+</u>	
County (6) <u>UNION</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>OFFICES</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>HILLMAN ENVIRONMENTAL</u>		ASCM No.	Name of Abatement Contractor (9) <u>UNITPRO, INC.</u>
Street Address <u>1600 ROUTE 22 EAST</u>		Street Address <u>173 KARKUS AVE</u>	
City, State, Zip Code <u>UNION, NJ 07803</u>		City, State, Zip Code <u>WOODBIDGE, NJ</u>	
Project Manager for Monitoring Firm <u>MIKE NELSON</u>		Telephone No. <u>908-688-7800</u>	Telephone No. <u>732-726-3111</u>
Start Date (10) <u>3-15-12</u>		Scheduled Completion Date (11) <u>3-16-12</u>	License No. <u>00615</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <u>HILLMAN ENVIRONMENTAL</u>	
		Street Address <u>1600 ROUTE 22 EAST</u>	
		City, State, Zip Code <u>UNION NJ 07803</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> <3 sf or <3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED IN FACILITY</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
<u>Bldg. 1, Rm C502</u>	<u>X</u>	<u>VAT</u>	<u>200 SF</u>
Name of Registered Waste Hauler <u>NEWARK CARTING, INC.</u>	NJDEP Waste Hauler ID No. <u>4509</u>	Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>G.R.O.W.S., INC.</u>
City, State <u>NEWARK NJ</u>	Disposal Date <u>3-17-12</u>	City, State <u>MORRISVILLE, PA.</u>	
Completed By <u>DAVID T. TOLCHIN</u>	Title <u>PRES.</u>	Signature <u>David T. Tolch</u>	Date <u>3-13-12</u>

- FOR 2012 -
OPEN FILING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>12-28-11</u>		Name of Building Owner/Operator (2) <u>ALCATEL-LUCENT TECHNOLOGIES</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>600 MOUNTAIN AVE.</u>
			City, State, Zip Code <u>MURRAY HILL, NJ 07974</u>
			Name of Contact <u>LARRY FEDERICO</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>ALCATEL-LUCENT TECH. INC.</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>600 MOUNTAIN AVE.</u>		Square Feet <u>300,000</u>	# of Floors <u>5</u>
City (5) <u>MURRAY HILL, NJ 07974</u>		Bldg. Age <u>65+</u>	
County (6) <u>UNION</u>		Country Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>OFFICES</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>HILLMAN ENVIRONMENTAL</u>		ASCM No.	Name of Abatement Contractor (9) <u>UNIPRO, INC.</u>
Street Address <u>1600 ROUTE 22 EAST</u>		Street Address <u>173 KARKUS AVE.</u>	
City, State, Zip Code <u>UNION, NJ 07803</u>		City, State, Zip Code <u>WOODBIDGE, NJ 07095</u>	
Project Manager for Monitoring Firm <u>MIKE NELSON</u>		Telephone No. <u>908-688-7800</u>	Telephone No. <u>732-726-3111</u>
License No. <u>00615</u>			
Start Date (10) <u>OPEN</u>	Scheduled Completion Date (11) <u>OPEN</u>		
Name of OSHA Monitor <u>HILLMAN ENVIRONMENTAL</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>1600 RT. 22 EAST</u>	
		City, State, Zip Code <u>UNION, NJ 07803</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)	Abatement Type		Enclosure
	Removal Repair Encapsulate		
Name of Registered Waste Hauler <u>NEWARK CARTING INC.</u>		NIDEP Waste Hauler ID No. <u>4509</u>	Cubic Yards of Waste
City, State <u>NEWARK, NJ</u>		Disposal Date	Name of Registered Landfill <u>GROWS INC.</u>
City, State <u>MORRISVILLE, PA.</u>			
Completed By <u>DAVID T. TOLCHIN</u>		Title <u>PRES.</u>	Signature <u>David T. Tolchin</u>
		Date <u>12-28-11</u>	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK #: 7860

Date of Notification (1) <u>3/12/12</u>		Name of Building Owner/Operator (2) <u>David Hartgers</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>510 Eden Avenue</u> MAR 14 2012							
		City, State, Zip Code <u>Wickliffe NJ 07461</u>							
		Name of Contact <u>David</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Hartgers</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>510 Eden Avenue</u>		Square Feet <u>1100</u>	# of Floors <u>2</u>						
City (5) <u>Wickliffe</u>		Bldg. Age <u>58</u>							
County (6) <u>BERGEN</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. MAC Contracting Inc</u>						
Street Address		Street Address <u>105 Lowell Road</u>							
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, NJ 07452</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>						
Start Date (10) <u>3-21-12</u>	Scheduled Completion Date (11) <u>3-22-12</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyer Street</u>							
		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>110 LF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>basement</u>			<u>X</u>	<u>pipe insulation</u>	<u>110 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>1.5</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>					
City, State, Zip Code <u>Riverdale, NJ 07457</u>		Disposal Date <u>3-21-12</u>		City, State, Zip Code <u>Bethlehem, PA 18015</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>R. McDonald</u>				Date <u>3-12-12</u>	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3-5-2012		Name of Building Owner/Operator (2) Bergen County Tech and Special Services							
Agencies Notified	Type Notification	Street Address 35 Piermont Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rockleigh, NJ 07647							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Tom Scavetto	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen County Special Services I Wing		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 35 Piermont Road		Square Feet 7500	# of Floors 1						
City (5) Rockleigh, NJ 07647		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003	Name of Abatement Contractor (9) GL Group Inc						
Street Address 1253 North Church St		Street Address 140 Hamburg Tpke							
City, State, Zip Code Moorestown, NJ 08507		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800	Telephone No. 201-710-9725						
Start Date (10) 3/13/2012		Scheduled Completion Date (11) 4/5/2012	License No. 01084						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: SUB-8 Occupied		Name of OSHA Monitor GL Group Inc							
		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Long Classroom By Entrance		X		Ceiling Plaster	615 SF	X			
Long Classroom By Entrance		X		Wall Plaster	800 SF	X			
Long Classroom By Entrance		X		9x9 Floor Tile/ Mastic	40 SF	X			
Men's Restroom		X		Ceiling Plaster	253 SF	X			
Name of Registered Waste Hauler GL Group Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste 30	Name of Registered Landfill Cumberland, Landfill				
City, State Bloomingdale, NJ				Disposal Date 3-29-2012	City, State Newburg, PA				
Completed by Michael B Solakov		Title PM		Signature		Date 3/5/2012			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1

Check #1523

Date of Notification (1) 3/7/2012		Name of Building Owner/Operator (2) East Orange Board Of Education							
Agencies Notified	Type Notification	Street Address 715 Park Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Orange, NJ 07017-1026							
		Name of Contact Dario Lambkin							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ecole Troussaint Louverture School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 330 Central Ave		Square Feet 60,000	# of Floors 3						
City (5) East Orange		Bldg. Age 100+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 116 Tices Lane, Unit B-1		Street Address 140 Hamburg Tpke							
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. (201)710-9725						
		License No. 01084							
Start Date (10) 03/30/2012	Scheduled Completion Date (11) 04/04/2012	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Sub-8 Occupied 3/30/2012 start 3:00 PM		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium 3rd Floor		X		Ceiling Plaster	1,720 SF	X			
Auditorium 3rd Floor		X		Wall Plaster	900 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Newburg, Pa					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 3/7/2012				